

## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi Department of Human Services		CONTACT PERSON Don Thompson	TELEPHONE NUMBER 601-359-4457	
ADDRESS 750 N. State Street		CITY Jackson	STATE MS	ZIP 39202
EMAIL Don.Thompson@mdhs.ms.gov	SUBMIT DATE 7/8/2010	Name or number of rule(s): Homes for Medically Fragile Children		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

Added a new section on Homes for Medically Fragile Children. Agree to be licensed for no more than one special care child at any given time. Placement of more than one special care child may be considered in cases of sibling groups or other extraordinary circumstances. Request must be submitted to the authority for approval prior to any placement. If the specialized home is caring for the siblings of a medically fragile child, these siblings will not receive the special care board rate unless they have also been certified as eligible for that benefit.

The changes are due to the Residential and child Placing Licensing Standards being updated.

Specific legal authority authorizing the promulgation of rule: Mississippi Code: 43-1-2List all rules repealed, amended, or suspended by the proposed rule: Homes for Medically Fragile Children**ORAL PROCEEDING:**
☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

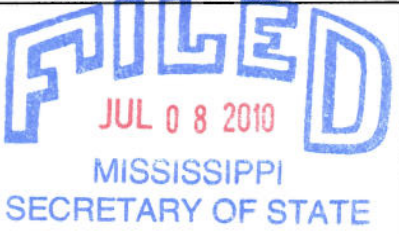
☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**
☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	<b>Action proposed:</b> <input checked="" type="checkbox"/> New rule(s) _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference <b>Proposed final effective date:</b> <input checked="" type="checkbox"/> 30 days after filing _____ Other (specify): _____	<b>Date Proposed Rule Filed:</b> _____ <b>Action taken:</b> _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed <b>Effective date:</b> _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Debra Taylor DDA Congregate CareSignature of person authorized to file rules: Debra Taylor

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by		Accepted for filing by
	Accepted for filing by <u>17123 ch</u>	